IHS Integrated Diabetes Education Recognition Program Sample Consumer Satisfaction Survey

I. Please answer the following questions by placing a check ($\sqrt{}$) in the box that most represents your response. The rating scale is as follows:

SD = Strongly Disagree D = Disagree		SA = Strongly Agree A = Agree	N/A = 1	Not Ap			
I			SD	D	A	SA	NA
1.	When I scheduled my approaches satisfied with the way it w						
2.	I am satisfied with the way schedule my appointments						
3.	I am satisfied with the way schedule my appointments						
4.	When I arrived for my sch Diabetes Educator greeted	eduled appointment, the me with respect and courtes	<u></u> у.				
5.	I am satisfied with the wai my appointment seeing the	ting time I experienced with e Diabetes Educator.					
6.	I was satisfied with the Di of why I had to wait.	abetes Educator's explanation	ı 🗆				
7.	My Diabetes Educator exp treatment information in a						
8.	The clinic was clean.						
9.	The clinic staff was organ	ized.					
10	. The examining room's ten	nperature was comfortable.					
11	. It was easy to find the Dia	betes Educator.					
12	. It was easy to find directi hospital/clinic.	ons to other areas in the					
13	. I am confident the Diabeto history private.	es Educators keep my medical	l 🗆				

	$\underline{\mathrm{SD}}$	D	A	SA	<u>NA</u>		
The staff understood my need to have my family or relatives with me today.							
I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff.							
Today, the following staff was courteous and respectful: (Discuss)							
a. Clerk							
b. Nursing Staff							
Overall, I was satisfied with the diabetes education services I received today.							
I was able to easily contact a diabetes educator when I needed help.							
ease answer the following questions.							
Have you attended a diabetes support group? If yes, tell us one thing you liked about the support group.	Yes		No_	No			
Have you attended the diabetes group classes? If yes, tell us one thing you liked about the classes.	Yes	-	No _	No			
Do you have any suggestions on how this clinic may improve the services provided to you today? (List education intervention specifics, such as group/support group/motivation/time & day of week)							
What did you like most about the diabetes education services?							
What did you like least about the diabetes education services?							
If you feel you were not satisfied with the services you rectoday, please tell us why?	eived i	from th	e diabet	es educ	ators		
	relatives with me today. I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff. Today, the following staff was courteous and respectful: (Discuss) a. Clerk b. Nursing Staff Overall, I was satisfied with the diabetes education services I received today. I was able to easily contact a diabetes educator when I needed help. ease answer the following questions. Have you attended a diabetes support group? If yes, tell us one thing you liked about the support group. Have you attended the diabetes group classes? If yes, tell us one thing you liked about the classes. Do you have any suggestions on how this clinic may impretoday? (List education intervention specifics, such as groday of week)	I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff. Today, the following staff was courteous and respectful: (Discuss) a. Clerk b. Nursing Staff Overall, I was satisfied with the diabetes education services I received today. I was able to easily contact a diabetes educator when I needed help. The ease answer the following questions. Have you attended a diabetes support group? If yes, tell us one thing you liked about the support group. Have you attended the diabetes group classes? If yes, tell us one thing you liked about the classes. Do you have any suggestions on how this clinic may improve the today? (List education intervention specifics, such as group/sup day of week)	I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff. Today, the following staff was courteous and respectful: (Discuss) a. Clerk b. Nursing Staff Overall, I was satisfied with the diabetes education services I received today. I was able to easily contact a diabetes educator when I needed help. ease answer the following questions. Have you attended a diabetes support group? Yes If yes, tell us one thing you liked about the support group. Have you attended the diabetes group classes? Yes If yes, tell us one thing you liked about the classes.	relatives with me today. I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff. Today, the following staff was courteous and respectful: (Discuss) a. Clerk b. Nursing Staff Overall, I was satisfied with the diabetes education services I received today. I was able to easily contact a diabetes educator when I needed help. ease answer the following questions. Have you attended a diabetes support group? Yes No If yes, tell us one thing you liked about the support group. Have you attended the diabetes group classes? Yes No If yes, tell us one thing you liked about the classes.	relatives with me today. I felt comfortable addressing any traditional spiritual or religious concern to the clinic's staff. Today, the following staff was courteous and respectful: (Discuss) a. Clerk b. Nursing Staff Overall, I was satisfied with the diabetes education services I received today. I was able to easily contact a diabetes educator when I needed help. ease answer the following questions. Have you attended a diabetes support group? Yes No If yes, tell us one thing you liked about the support group. Have you attended the diabetes group classes? Yes No If yes, tell us one thing you liked about the classes.		

1.	What is yo	our community,	city or village	of reside	ence?			
2.	What is yo	our Tribe?						
3.	Where is y	our Tribe locate	ed?					
4.	I am the		☐ Family Me	ember	□ Par	ent	☐ Legal Guar	dian
5.	What is yo	our sex?	☐ Female	□ Ma	le			
6.	What is the	e patient's age?	□ 15-25 Yrs	□ 26-	55 Yrs	□ 56	Yrs or More	
7.	In the last	6 months, I hav	e been to this c	linic:	□ 1-3	Visits	☐ 4-6 Visits	☐ 6 or More

Source: Phoenix Indian Medical Center (PIMC) DEPTH Program

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Please answer the following questions to let us know what you liked or didn't like about the program you just finished. We will use your suggestions to improve the program.

Circle the number that best describes how you feel.

		Agree			Disagree	
•	The quantity of information I got was just right.	1	2	3	4	5
•	The number of education sessions were right for the amount of information that was covered.	1	2	3	4	5
•	The educators explained things to me in a way I could understand.	1	2	3	4	5
•	The written materials I got were easy to read.	1	2	3	4	5
•	The written materials I got were useful to me and my family.	1	2	3	4	5
•	My questions were answered to my satisfaction.	1	2	3	4	5
•	Scheduling appointments for the program was easy.	1	2	3	4	5
•	 This program has helped me to: Feel better about my ability to take care of my diabetes. Feel better about my ability to make changes in 	1	2	3	4	5
	my habits. o Know how to get help with my diabetes care.	1 1	2· 2	3	4 4	5 5

Comments/Suggestions:

Thank You!

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Participant Evaluation of the Diabetes Self Care Class

Please check how useful the information provided in each session was or will be as you begin to take a leading role in your diabetes self-management.

Topic	Not Useful	Somewhat Useful	Useful	Very Useful
Working with the Physician to prevent Diabetes Complications				
Kidney Care				
Heart Care				
Nerve Care				
Working with the Nurse to prevent Diabetes Complications				
Working with the Dietitian to prevent Diabetes Complications				
Working with the Dental Hygienist to prevent Gum Disease				
Working with the Optometrist to prevent Eye Disease				
Working with the Pharmacist to use Diabetes Medicines				
Working with the Pedorthist to prevent Foot Problems				
Practicing Skills in using Food Labels				
Practicing Skills in Eating Less				
Practicing Skills in Exercising as a Lifestyle				
Practicing Skills in Reducing Stress, Gaining Support and Dealing with Feelings				
Practicing Skills in using Diabetes Care Resources				
Practicing Skills in Self Blood Glucose Monitoring				

You have now completed four of five sessions in the New Patient Education Program. On a scale of 1-5 rate the entire program as to how helpful it has been in getting you started with Diabetes Self-Management.

1	2	3	4	5	
Not Helpful				Very Helpful	
How confident do you fe	el that your ski	lls are adequate	for home man	agement of your diabe	tes?
1	2	3	4	5	
Not Confident				Very Confident	
How prepared do you fee	•	_	to participate	in clinic management	of your
diabetes with your health	care providers	i?			
1	2	3	4	5	
Not Prepared				Very Prepared	

Please add additional comments on the New Patient Education Program:

Source: Albuquerque Service Unit Diabetes Program